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**COPY****APPLICATION DATA SHEET**

EXPRESS MAIL NO. EV336612555US

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: COMPOUNDS AND METHODS FOR  
MODULATING CELL ADHESION

Attorney Docket Number:: 100086.401C18

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 61

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Orest
Middle Name::	W
Family Name::	Blaschuk
Name Suffix::	
City of Residence::	Westmount
State or Province of Residence::	Quebec
Country of Residence::	Canada
Street of mailing address::	4998 de Maisonneuve West
	Suite 1520
City of mailing address::	Westmount
State or Province of mailing address::	Quebec
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H3Z 1N2

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Barbara
Middle Name::	J
Family Name::	Gour
Name Suffix::	
City of Residence::	Kemptville
State or Province of Residence::	Ontario
Country of Residence::	Canada

Street of mailing address:: 2890 Donnelly Drive  
                                   RR#4  
 City of mailing address:: Kemptville  
 State or Province of mailing address:: Ontario  
 Country of mailing address:: Canada  
 Postal or Zip Code of mailing address:: K0G 1J0

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Canada  
 Status:: Full Capacity  
 Given Name:: Riaz  
 Middle Name::  
 Family Name:: Farookhi  
 Name Suffix::  
 City of Residence:: Montreal  
 State or Province of Residence:: Quebec  
 Country of Residence:: Canada  
 Street of mailing address:: 4242 West Hill Avenue  
 City of mailing address:: Montreal  
 State or Province of mailing address:: Quebec  
 Country of mailing address:: Canada  
 Postal or Zip Code of mailing address:: H4B 2S7

### **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Canada  
 Status:: Full Capacity  
 Given Name:: Anmar

Middle Name:: Ali  
 Family Name:: Ali  
 Name Suffix::  
 City of Residence:: San Diego  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of mailing address:: 5230 Fiore Terrace #402  
 City of mailing address:: San Diego  
 State or Province of mailing address:: CA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 92122

### **Correspondence Information**

Correspondence Customer Number :: **00500**

### **Representative Information**

Representative Customer Number::		<b>00500</b>
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### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-In-Part	10/464,071	6/18/03
10/464,071	Continuation	09/544,782	4/7/00
09/544,782	Continuation-In-Part	09/458,870	12/10/99
09/458,870	Continuation-In-Part	09/357,717	7/20/99

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
09/357,717	Continuation-In-Part	09/248,074	2/10/99
09/248,074	Continuation-In-Part	08/996,679	12/23/97
08/996,679	Continuation-In-Part	08/893,534	7/11/97
08/893,534	Non -Provisional Claiming The Benefit Under 35 USC 119(e)	60/021,612	7/12/96
This application	Continuation-In-Part	10/359,546	2/4/03
10/359,546	Continuation	09/248,015	2/10/99
09/248,015	Continuation-In-Part	08/996,679	12/23/97
08/996,679	Continuation-In-Part	08/893,534	7/11/97
08/893,534	Non -Provisional Claiming The Benefit Under 35 USC 119(e)	60/021,612	7/12/96

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	